

L18000290689

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : SUPERBIZ.COM, INC.
Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (305) 675-2811

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BEAUTY OPTIMIZED LLC

Certificate of Status	0
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Page Count	04
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

#19000248652-3

BEAUTY OPTIMIZED LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on DECEMBER 19, 2018 and assigned
Florida document number L18000290689

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This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4287 SW 75TH AVENUE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FLORIDA 33155

Enter new mailing address, if applicable:

4287 SW 75TH AVENUE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FLORIDA 33155

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

4287 SW 75TH AVENUE

Enter Florida street address

MIAMI

City

Florida 33155

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

4. 19000 248652-3

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	AYLIN LOPEZ	4287 SW 75TH AVENUE	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33155	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	LUZ M MERCHAN	4287 SW 75TH AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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